

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BH	70541	1/28
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	DB	65373	2/23/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓ 1/23/00
2	✓ 1/23/00
3	✓ 1/23/00
4	✓ 1/23/00
5	✓ 1/23/00
6	✓ 1/23/00
7	✓ 1/23/00
8	✓ 1/23/00
9	✓ 1/23/00
10	✓ 1/23/00
11	✓ 1/23/00
12	✓ 1/23/00
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14	✓ 1/23/00
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32	✓ 1/23/00
33	✓ 1/23/00
34	✓ 1/23/00
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37	✓ 1/23/00
38	✓ 1/23/00
39	✓ 1/23/00
40	✓ 1/23/00
41	✓ 1/23/00
42	✓ 1/23/00
43	✓ 1/23/00
44	✓ 1/23/00
45	✓ 1/23/00
46	✓ 1/23/00
47	✓ 1/23/00
48	✓ 1/23/00
49	✓ 1/23/00
50	✓ 1/23/00

Claim	Date
Final	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here